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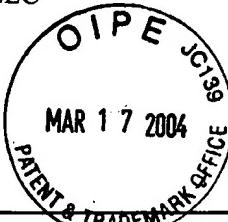
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

✓ 27896 7590 02/18/2004

**EDELL, SHAPIRO, FINNAN & LYTLE, LLC
1901 RESEARCH BOULEVARD
• SUITE 400
ROCKVILLE, MD 20850**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/888,582	06/26/2001	Brian S. Kelly	044321-0257	9519

TITLE OF INVENTION: CHILD SEAT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$300	\$1630	05/18/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
HARRIS, STEPHANIE N	3636	297-440100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	Edell, Shapiro & Finnan, LLC 2 _____ 3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mattel, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

El Segundo, California

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature)  (Date)

Howard R. Richman, 41,451 3/17/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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03/18/2004 SZEWDIE2 00000078 09888582

01 FC:1501
02 FC:1504

1330.00 OP
300.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Attorney Docket No: 0621.0166C

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Brian Kelly et al.

Serial No.: 09/888,582

Examiner: S. Harris

Confirmation No.: 9519

Art Unit: 3636

Filed: June 26, 2001

For: Child Seat

Box Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

ISSUE FEE TRANSMITTAL

Transmitted herewith is an Issue Fee Transmittal (Form PTOL 85b) for the above-identified application.

Also enclosed is:

Other: _____

Fees:

Issue Fee of \$1330.00
 Other Fees: \$300.00 for Publication Fee.

Total fee: \$1630.00

Payment of Fees:

- Check No. 7542 in the amount of \$1630.00 for the total fee is attached.
- Please charge \$_____ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- The Commissioner is hereby authorized to charge any additional fees that may be required, and to credit any overpayment, to Deposit Account No. 05-0460.

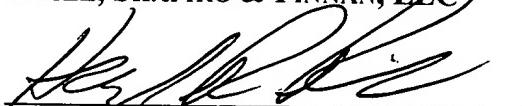
Dated: March 17, 2004

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Respectfully submitted by

EDELL, SHAPIRO & FINNAN, LLC

By:


Howard R. Richman
Reg. No. 41,451